

Interpreters easing patient stress at doctor's office

A California law that went into effect Jan. 1 requires health insurers to provide interpreters for members with limited English skills. Associated Press

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Maribel Pantoja sat nervously on an examination table, awaiting word from her doctor about a painful wound on her left leg.

Because she speaks only Spanish, there is usually an added level of anxiety when she visits a clinic. But a new first-in-the-nation state law requiring health insurers to provide interpreters for members with limited English skills spared Pantoja the confusion of trying to communicate with her doctor Tuesday.

Pantoja's face relaxed when she peered at a computer screen equipped with a webcam and saw an interpreter. After patient and interpreter greeted each other in Spanish, the nurse asked questions and Pantoja answered.

Afterward, Pantoja said the webcam made her latest visit to Los Angeles County-USC Medical Center better than the rest; she actually understood every word.

Under the law, which took effect Jan. 1, health insurers are required to provide patients who lack English comprehension with an on-site interpreter or access to one through telephone or Web-hosted videoconferencing.

"There are people who say that those people should just learn English, but we can't let people be pushed out of healthcare because of language barriers," said Cindy Ehnes, director of the state Department of Managed Health Care.

Nearly 43% of Californians do not speak English at home, according to 2007 census figures. In some areas, such as in Vietnamese and South Korean communities, 60% have limited English proficiency.

Ehnes said many non-English speakers who pay for health insurance have had problems receiving healthcare because of language and cultural barriers, waiting longer for care and lesser service.

In one case, she said, a woman who lacked English skills wasn't diagnosed with breast cancer until the disease had spread to other parts of her body because early visits to the doctor resulted in confusion.

About one-third of the 21 million members of health maintenance organizations and preferred provider organizations in the state could benefit from the law, the department said. Since 2006, it has received 343 complaints from health plan members who said a language or cultural barrier hindered their medical care.

The new law also requires health plans to translate their standardized documents into the top two languages spoken by their members, typically Spanish and Chinese.

Although it's expected to increase costs for health plans, the new law was welcomed by the California Assn. of Health Plans, a group that lobbies for insurers.

"We needed to find ways to make this a practical thing for health plans to do," said spokeswoman Nicole Kasabian-Evans, noting that without teleconferencing, keeping bilingual staffers in some rural areas would have presented an insurmountable burden.

Dr. Elaine Batchlor, chief medical officer for the L.A. Care Health Plan, the country's largest public health plan, said the provider had voluntarily provided translation for years and provides the services to Medi-Cal and nonpaying patients as well.

"You cannot provide effective healthcare without interpretation, and we're trying to meet the needs of our members, who speak different languages and have different needs," Batchlor said.

Last year, it cost \$500,000 for L.A. Care to provide translation services for 80,000 policyholders, costing \$150 to \$250 per hour of translation, depending on the language.

Statewide, early estimates from health insurers put their cost to implement the law at a combined \$25 million, though actual costs may vary widely from insurer to insurer.